SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER:				PAGE	1	11 0	F	12	
Use separate schedule(s) for each category of the	(che	eck only	or							
Detailed Summary Page		11a		11b		11c		12		
		13		14		15		16		17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) Physician Hospitals of Americ	ca Political Action Committee	
Full Name (Last, First, Middle Initial) Daniel A Stechschulte Jr., MD Mailing Address 3651 College Blvd. City Leawood FEC ID number of contributing federal political committee. Name of Employer Kansas City Orthopaedic Institute Receipt For: Primary General Other (specify)	State Zip Code KS 66211 C Occupation Surgeon Aggregate Year-to-Date ▼ 294.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Jacob S. Stueve MD Mailing Address 3651 College Blvd. City Leawood FEC ID number of contributing federal political committee. Name of Employer Kansas City Orthopaedic Institute Receipt For: Primary General	State Zip Code KS 66211 C Occupation Orthopedic Surgeon Aggregate Year-to-Date ▼	Date of Receipt 02 28 2014 Transaction ID : C7516576 Amount of Each Receipt this Period 274.50 [MEMO ITEM]
Other (specify) ▼ Full Name (Last, First, Middle Initial) James E. Voos MD Mailing Address 3651 College Blvd. City Leawood FEC ID number of contributing federal political committee. Name of Employer Kansas City Orthopaedic Institute Receipt For: Primary Other (specify) ▼	State Zip Code KS 66211 C Occupation Orthopedic Surgeon Aggregate Year-to-Date ▼ 274.50	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	0.00
TOTAL This Period (last page this line numb	per only)	5000.00